

Telecommunications Carriers			
AUTHORIZED UTILITY REPRESENTATIVE FORM			
CERTIFICATED COMPANY INFORMATION			
Company Name: Frontier Communications of America, Inc.		FEIN/SSN: [REDACTED]	
DBA/FKA:		Telephone #	
Mailing Address: 100 CTE Drive			
City: Dallas		State: PA	ZIP Code: 18612
ILEC	IXC <input checked="" type="checkbox"/>	CLEC	Wireless ETC
REGISTERED AGENT INFORMATION			
Registered Agent:			
Mailing Address:			
City:		State:	ZIP Code:

As required by Commission rules and regulations
Print or type company contact person and contact information for the areas listed below:

UTILITY REPRESENTATIVE INFORMATION			
General Manager			
Name: Dennis Coyle			
Address: 2455 12th St			
City: Sarasota		State: FL	ZIP Code: 34237
Phone: 813-240-6246	Email: dennis.coyle@ftr.com		Fax:
Emergency Contact – Non Office Hours			
Name:			
Phone: 800-921-8101	Email:		Fax:
Customer Relations/Complaints Rep			
Name: Frontier Communications			
Address:			
City:		State:	ZIP Code:
Phone:	Email: Consumer.Affairs@FTR.com		Fax:
Complaints Rep for Complaint Escalation			
Name: Michael Cicchetti			
Address: 125 S Main St			
City: West Hartford		State: CT	ZIP Code: 06107
Phone: 203-771-6191	Email: mc6263@ftr.com		Fax:
Customer Toll Free Contact Number: 800-921-8101			
Engineering Operations			
Name: Chad Foster			
Address: 725 E Markham Ave			
City: Durham		State: NC	ZIP Code: 27701
Phone: 919-471-3654	Email: chad.d.foster@ftr.com		Fax:
Test and Repair			
Name: Dennis Coyle			
Address: above			
City:		State:	ZIP Code:
Phone:	Email:		Fax:

UTILITY REPRESENTATIVE INFORMATION			
Regulatory Officer			
Name & Title: Michael Cicchetti			
Address: above			
City:	State:	ZIP Code:	
Phone:	Email:	Fax:	
Annual Report Form Mailings			
Name & Title: Jessica Matushek			
Address: 100 CTE Drive			
City: Dallas	State: PA	ZIP Code: 18612	
Phone: 570-631-5003	Email: jessica.matushek@ftr.com	Fax:	
Dual Party Invoice Mailings			
Name & Title: Jessica Matushek			
Address: above			
City:	State:	ZIP Code:	
Phone:	Email:	Fax:	
Universal Service Fund Mailings			
Name & Title: Jessica Matushek			
Address: above			
City:	State:	ZIP Code:	
Phone:	Email:	Fax:	
Gross Receipts Mailings			
Name & Title: Jessica Matushek			
Address: above			
City:	State:	ZIP Code:	
Phone:	Email:	Fax:	
Lifeline Contact			
Name & Title: Jessica Matushek			
Address: above			
City:	State:	ZIP Code:	
Phone:	Email:	Fax:	

FORM PREPARER INFORMATION	
This form was completed by: Susan Miller	
Signature: <i>Susan A. Miller</i>	
Title: Manager, Regulatory and Governmental Affairs	Date: 5/4/2022

RETURN COMPLETED FORM TO: Public Service Commission of SC
Docketing Department
101 Executive Center Drive, Suite 100
Columbia, SC 29210

AND Office of Regulatory Staff
Attn. Kari Munn
1401 Main Street, Suite 800
Columbia, SC 29201